

City of South Daytona

Redevelopment Department

Post Office Box 214960 • South Daytona, FL 32121 • (386) 322-3016



Memorandum

To: James L. Gillis, Jr., City Manager

From: Patty Rippey, Redevelopment Director

Date: August 31, 2022

Subject: FY 2022-23 Community Redevelopment Area (CRA)
345 Beville Road – Request for Façade Improvement Grant

The City of South Daytona annually budgets redevelopment funds for the CRA Façade Improvement Grant to promote beautification of the City's redevelopment district. Proposed work must be consistent with the City's overall goals and design standards for the redevelopment district.

Analysis of Request:

The property owner of 345 South Ridgewood Avenue, Carmen Parrillo, is requesting a Façade Improvement Program grant to aid with the installation of a decorative metal mansard roof and soffit. This property is zoned Business General Commercial (BGC) and is in the CRA.

345 Beville Road – Professional Office Center

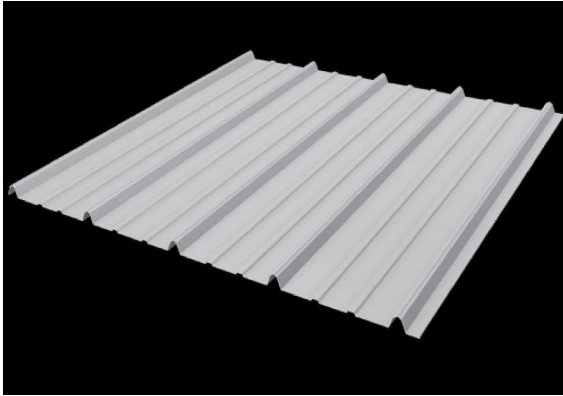


Upon purchase of the property in May 2022, the owner met with City staff to discuss improvements to the property including paint, parking lot improvements, landscaping and installing a new mansard roof.

To date, the owner has completed resealing of the parking lot. Painting of the building is underway and should be completed by the first week of September. The property owner is proposing to spend approximately \$81,000 on planned improvements to rehabilitate the structure.

The existing mansard roof consists of old asphalt shingles. The proposed type of decorative metal roofing shown below will replace the existing mansard roofing. This type of roofing material is listed in the CRA Design Standards under Florida Vernacular architecture.

Proposed Type of Metal Roofing Panel for Mansard Roof Installation



As required by the grant program, two estimates were obtained, for installation of the metal mansard roof.

Paving Estimates:

1. Lord's Roofing, \$10,586.00
2. K Simon Construction, \$12,345.67

Recommendation:

Staff recommends funding the grant request to assist this property owner in improving his property and the CRA. Should this request be funded, the total reimbursement of CRA funds will be \$5,000 representing approximately 50% of the total estimated project costs of the lowest bid of \$10,586. This grant program is a reimbursement program and funds will only be released upon project completion, approved final inspection, and proof of payment by the applicant to contractor. In addition, the building must be in compliance with code requirements in terms of appearance and condition of property.

SOUTH DAYTONA

CRA FAÇADE IMPROVEMENT PROGRAM GRANT APPLICATION FORM

This grant targets commercial properties in the CRA District of South Daytona. Proposed work must be consistent with the City's overall goals and design standards for an Improved redevelopment district. Applicant must be the property owner.

APPLICANT INFORMATION:

Contact Person Name: CARMEN PARRILLO
Legal Business Name: BEVILLE PROFESSIONAL CENTER
Property Address: 345 BEVILLE ROAD City: SOUTH DAYTONA Zip Code: 32119
Phone Number: 386-767-8011 Cell Number: 386-547-8844 Email: permacraftsign@yahoo.com
Type of Business (please list products/services provided): PROFESSIONAL PLAZA INDIVIDUAL RENTAL UNITS

PROJECT DESCRIPTION:

Summarize project to include as much detail about visual and structural improvements as possible. Attach necessary sheets as necessary.
SOFFIT, METAL ON MANSARD ROOF INSTALLED ON ALL 8 SIDES REDO FLAT ROOF AND CHANGING TO A TPO ROOF

LIST OF ESTIMATED COSTS:

Two (2) written estimates are required for *each phase of work* to be undertaken. Include copies of written estimates.

Estimate 1: \$ 70,600.00 Estimate 2: \$ 12,354.67 Total Project Cost Estimate: \$ 81,186.00

CHECKLIST FOR REQUIRED DOCUMENTATION:

Please include the following documents at the time of application submittal.

NA Copy of South Daytona and Volusia County Business Tax Receipt (BTR) (please provide number or copy)

X Copy of permit application for proposed work

X Copy of insurance coverage for building

X Copy of written estimates for proposed improvements

APPLICATION SUBMITTAL:

Please mail or drop off completed application to Patty Rippey, AICP, Redevelopment Director at City Hall, 1672 S. Ridgewood Avenue, South Daytona, Florida, 32119 or email a scanned copy to prippey@southdaytona.org.

DO NOT WRITE BELOW THIS LINE

DATE APPLICATION RECEIVED: 8/30/2022 PR

APPLICATION COMPLETE: ✓ YES NO

ADDITIONAL INFORMATION NEEDED: n/a

DATE ADDITIONAL INFORMATION RECEIVED: n/a



City of South Daytona

Permit Application

Permit Number: _____

Job Address: 345 BEVILLE ROAD SOUTH DAYTONA

Date Received: _____

☒ COMMERCIAL ☐ RESIDENTIAL

Date Issued: _____

Flood Zone: ☐ X-Shaded ☐ X-Un Shaded ☐ A ☐ AE

Date Finaled: _____

DESCRIPTION OF WORK: ROOF, FACADE, MANSARD ROOF AND SOFFIT

DECLARED PROJECT COST: (Include labor & materials) \$ 70,000.00

Notice of Commencement Required for any project over \$2,500.00 (HVAC Systems over \$7,500.00)

CONTRACTOR INFORMATION

☐ CHECK HERE IF OWNER CONTRACTOR ON OWNER'S RESIDENCE

Company Name	LORD'S ROOFING		
OFFICE USE ONLY: <input type="checkbox"/> Contractor current with Volusia County Contractor Licensing – Date Verified: _____			
Phone Number	386-852-7663	Email Address	lordsroofing@yahoo.com
Mailing Address	323 PALM DRIVE FLAGLER BEACH 32136		
Licensee	CHAD LORD	License Number	CCC1327227 CGC 1514583

OWNER INFORMATION

Property Owner	CARMEN PARRILLO		
Mailing Address	1644 SOUTH RIDGEWOOD AVE		
Phone Number	386-767-8011	E-mail Address	permacraftsign@yahoo.com
Parcel Number	534402000190		

BUILDING INFORMATION: Addition of: SQUARE FOOT LIVING _____ SQUARE FOOT OTHER _____ TOTAL ADDED SQUARE FEET _____

ELECTRICAL: Description of Work: _____ Declared Cost: _____

Contractor	OFFICE USE ONLY: <input type="checkbox"/> Contractor current with Volusia County Contractor Licensing – Date Verified: _____		
Phone Number		E-mail Address	
License Holder		License Number	
<input type="checkbox"/> Existing Service <input type="checkbox"/> New Service <input type="checkbox"/> Upgrade Service <input type="checkbox"/> Limited Use <input type="checkbox"/> Disconnect/Reconnect			
<input type="checkbox"/> Temporary Underground Temp Pole: <input type="checkbox"/> Yes <input type="checkbox"/> No Number New/Altered Circuits: _____			
Service Size: NEW Amps _____ Volts _____ Phase <input type="checkbox"/> 1PH <input type="checkbox"/> 3PH OLD Amps _____ Volts _____ Phase <input type="checkbox"/> 1PH <input type="checkbox"/> 3PH			

MECHANICAL/HVAC: Description of Work: _____ Declared Cost: _____

Contractor	OFFICE USE ONLY: <input type="checkbox"/> Contractor current with Volusia County Contractor Licensing – Date Verified: _____		
Phone Number		E-mail Address	
License Holder		License Number	
<input type="checkbox"/> New <input type="checkbox"/> Replacement TONS: _____ SEER #: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Heat Pump <input type="checkbox"/> A/C			

PLUMBING / GAS / GENERATOR / SOLAR: Description of Work: _____ Declared Cost: _____			
Contractor		OFFICE USE ONLY: [] Contractor current with Volusia County Contractor Licensing – Date Verified: _____	
Phone Number		E-mail Address	
License Holder		License Number	
<input type="checkbox"/> PLUMBING: Number of added fixtures, floor drains, or traps: _____			
<input type="checkbox"/> GAS: <input type="checkbox"/> LP or <input type="checkbox"/> Natural Tank Location: <input type="checkbox"/> Above Ground <input type="checkbox"/> Underground Number of Gas Outlets _____			
<input type="checkbox"/> GENERATOR: Fuel Source _____ Tank Installation _____ Number of Gas Connections _____ Tank Location: <input type="checkbox"/> Above Ground <input type="checkbox"/> Underground Connection To _____			
<input type="checkbox"/> SOLAR: Heating System: <input type="checkbox"/> Yes <input type="checkbox"/> No Cooling System: <input type="checkbox"/> Yes <input type="checkbox"/> No Water Heater: <input type="checkbox"/> Yes <input type="checkbox"/> No Equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No Piping <input type="checkbox"/> Yes <input type="checkbox"/> No General: <input type="checkbox"/> Yes <input type="checkbox"/> No Panel Location: <input type="checkbox"/> Ground Mount <input type="checkbox"/> Rooftop			
SIGN: Description of Work: _____ Declared Cost: _____			
Contractor		OFFICE USE ONLY: [] Contractor current with Volusia County Contractor Licensing – Date Verified: _____	
Phone Number		E-mail Address	
License Holder		License Number	
<input type="checkbox"/> Ground <input type="checkbox"/> Pole <input type="checkbox"/> Wall <input type="checkbox"/> Window <input type="checkbox"/> Other: _____ <input type="checkbox"/> Illuminated <input type="checkbox"/> Non-Illuminated Front Footage of Property: _____ Square Footage of Building or Unit: _____ Sq. Footage of existing signage (single face): _____ Sq. Footage of proposed signage (single face): _____			
FIRE: Description of Work: _____ Declared Cost: _____			
Contractor		OFFICE USE ONLY: [] Contractor current with Volusia County Contractor Licensing – Date Verified: _____	
Phone Number		E-mail Address	
License Holder		License Number	
<input type="checkbox"/> Fire Alarm <input type="checkbox"/> Sprinklers - Sprinkler Heads _____ <input type="checkbox"/> Other: _____			

Application is hereby made to obtain a permit to do the work and installations as indicated. I verify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.

OWNER'S AFFIDAVIT: I verify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

**** I hereby declare that all information contained in this building permit application is true and correct****

Check one: [] Owner/Builder (Must personally appear in office & sign) [] Contractor or Authorized Agent (Agent must submit power of attorney)

Authorized Signature

Date

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization this 30 day of Aug, 2022 by Chad, who is personally known to me or has presented Kegan as identification.



Notary Public Signature

Print, Type or Stamp Name of Notary



City of South Daytona
Roofing Information Sheet

Code References: FBC Chapter 15 / FBC-R Chapter 9

Jobsite Address: 345 Belville Rd

Deck Type: WOOD

Underlayment:

Insulation: 1 ISO BOARD

Fastener type and spacing: 2 1/2 ~~SPRUE~~ SCREWS + 3" PLATES

Cap Sheet:

Roof Covering: TPO
Manufacturer: MANSVILLE Product Approval #: F116758-R9

Fasteners:
Attachments: fully Adhered

Drip Edge:

Number of Squares: 80 Roof Slope: FLAT Mean Height: 14

Skylights: ☐ Yes ☒ No If Yes, manufacturer's specifications are required to be submitted.

Drone Inspection Required: ☐ Yes ☒ No For Tile and Metal Roof Final Inspections

Inspections: Missed required inspections will result in the removal of all products to allow for inspections.

Owner/ Builder: All Roof Sheathing / Decking is to be left open for re-nailing and wood replacement inspection.

IN PROGRESS: Nailing pattern and type of nails for roof sheathing while re-nailing

DRY-IN: Roof underlayment, flashing, and drip edge

FINAL: Final installation

All work must be done in accordance to the applicable laws, rules, and codes in effect at the time of permit application.

Questions related to the requirements for individual inspection or the process in general shall be posed to the proper Building Department personnel prior to commencement of work. **Roof affidavits are supplemental to the overall process and do not replace any required inspections. Affidavits are required to be completed by State licensed Building, General, Residential or Roofing Contractor as applicable for the project.**

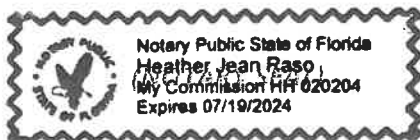
Signature: [Signature]

Printed Name: CHAD LORD

STATE OF FLORIDA, COUNTY OF Volusia

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 30th day of August, 20 22, by Chad Lord

(name of person making statement).



[Signature]
(Signature of Notary Public-State of Florida)

(Name of Notary Typed, Printed, or Stamped)

Personally Known ☒ OR Produced Identification _____ / Type of Identification Produced _____



City of South Daytona
Roofing Information Sheet

Code References: FBC Chapter 15 / FBC-R Chapter 9

Jobsite Address: 345 Belville Rd

Deck Type: Wood

Underlayment:

Insulation:

Fastener type and spacing:

Cap Sheet:

Roof Covering:

Manufacturer: 29gAL/TRA-Rib

Product Approval #: 4595-17R5

Fasteners:

Attachments: 1x4 wood Purlins

Drip Edge:

Number of Squares: _____ Roof Slope: 12/12 Mean Height: 12

Skylights: ☐ Yes ☒ No If Yes, manufacturer's specifications are required to be submitted.

Drone Inspection Required: ☐ Yes ☒ No For Tile and Metal Roof Final Inspections

Inspections: Missed required inspections will result in the removal of all products to allow for inspections.

Owner/ Builder: All Roof Sheathing / Decking is to be left open for renailing and wood replacement inspection.

IN PROGRESS: Nailing pattern and type of nails for roof sheathing while re-nailing

DRY-IN: Roof underlayment, flashing, and drip edge

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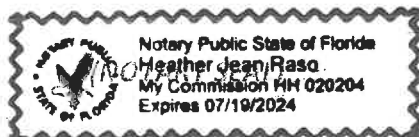
Signature: _____

Printed Name: CHAD LORD

STATE OF FLORIDA, COUNTY OF Volusia

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this 30th day of August 2022, 2022, by _____

(name of person making statement).



Heather Jean Raso
(Signature of Notary Public-State of Florida)

(Name of Notary Typed, Printed, or Stamped)

Personally Known ☒ OR Produced Identification _____ / Type of Identification Produced _____

DATE: _____ **DEPOSIT AMOUNT:** \$6,177.34

5 YEAR WARRANTY

LORD'S ROOFING

"If you don't know roofing... know your roofer!"
Commercial & Residential

www.lordsroofing.com

Bellevue Professional Center

Carmen Parrillo

CUSTOMER NAME (S)

345 Belville Rd

CUSTOMER BILLING STREET ADDRESS

S DAYTON FL 32119

CITY, STATE, ZIP

1-877-5LORDS5
56737

Where
Quality and Service
Are One!

- ☒ Bonded
- ☒ Insured
- ☒ Licensed



NATIONAL
ROOFING
CONTRACTORS
ASSOCIATION

386-547-8844

CUSTOMER PHONE NUMBER

PROPERTY STREET ADDRESS (if different)

CITY, STATE, ZIP (if different)

COUNTY

We Propose

To furnish material and labor - complete in accordance with specifications below for the sum of: \$ 10,586.00
Payment to be made as follows: 5,586.00 down 5000.00 balance upon completion of work.

In stall New Vinyl Soffit All way Around Blud
In stall New metal Roof 5 Rib Panel 29 ga over 1x4 Perlins
8D 5586.00 ck 10/22 8/30/22

OPTIONS

Customer To pay all MAT For Soffit
Customer To pay for Perlins for Manser Roofing

CUSTOMER INITIAL HERE IF SUBJECT TO INSURANCE ALLOWANCE AGREEMENT. If initialed, the following additional provisions apply:

- A. This Agreement is valid only if Customer has full replacement cost insurance coverage (less deductible).
- B. Company's Work will be completed with no cost to Customer other than Customer's insurance deductible, unless Customer chooses upgrades or additional work that is not approved by Customer's insurer. Customer hereby assigns all amounts due from Customer's insurers and mortgagees for Company's Work to Company.
- C. Customer will provide all documents and information necessary (i) for submission of claims to Customer's insurer and (ii) for payments to be made by Customer's insurer and mortgagee(s). Customer authorizes Company to discuss scope of work and pricing with Customer's insurers and adjusters. Customer approves Company as the Customer's power of attorney to inspect and adjust the loss, and to collect and receive all insurance payments related to Company's Work.
- D. All direct costs, overhead and profit allowed by Customer's insurer, and any supplements approved by Customer's insurer for additional work, upgrades, options or cost increases are to be paid to Company. Company reserves the right to request and receive additional payments from Customer's insurer due to material or labor increases, storm environment, or if measurements and/or other information provided by Customer or Customer's insurer are incorrect.
- E. Company may cancel this Agreement if Company and Customer's insurer are unable to agree on the scope of work and price for work covered under Customer's insurance policy.

INSURANCE COMPANY

POLICY #

CLAIM # (IF KNOWN)

I/we agree to the terms and conditions of this Agreement, including all terms and conditions on the reverse side.

CUSTOMER SIGNATURE

DATE

Chuck Powers 386-852-7663

PRINT SALES REPRESENTATIVE NAME AND PHONE NUMBER

CUSTOMER SIGNATURE

DATE

SALES REPRESENTATIVE SIGNATURE

DATE

8/23/22

5 YEAR WARRANTY

Where
Quality and Service
Are One!

- ☒ Bonded
☒ Insured
☒ Licensed



LORD'S ROOFING

"If you don't know roofing... know your roofer!"
Commercial & Residential

www.lordsroofing.com

Beverly Professional Center

Carmen Parrillo

CUSTOMER NAME (S)

345 Bellville Rd

CUSTOMER BILLING STREET ADDRESS

Dayton Beach FL 32119

CITY, STATE, ZIP

1-877-5LORDS5
56737

386-547-8844
CUSTOMER PHONE NUMBER

PROPERTY STREET ADDRESS (if different)

CITY, STATE, ZIP (if different)

COUNTY

We Propose

To furnish material and labor - complete in accordance with specifications below for the sum of: \$ 70,600.00
Payment to be made as follows: 35,300.00 down 35,300.00 balance upon completion of work.

Remove GRAVEL off Existing Roof Prep for 60 mil TPO
Roofing over 1" Iso Insulation full Adher TPO to FSC
Board AS per code

Install New Ratch PAKS AT All A/C Legs
PD Ded 2000.00 8/25/22 MCR
PD Ded 35,300.00 8/30/22 MCR

OPTIONS

Any ROTTEN wood Custom to supply wood AND PAY Crew

CUSTOMER INITIAL HERE IF SUBJECT TO INSURANCE ALLOWANCE AGREEMENT. If initialed, the following additional provisions apply:

- A. This Agreement is valid only if Customer has full replacement cost insurance coverage (less deductible).
- B. Company's Work will be completed with no cost to Customer other than Customer's insurance deductible, unless Customer chooses upgrades or additional work that is not approved by Customer's insurer. Customer hereby assigns all amounts due from Customer's insurers and mortgagees for Company's Work to Company.
- C. Customer will provide all documents and information necessary (i) for submission of claims to Customer's insurer and (ii) for payments to be made by Customer's insurer and mortgagee(s). Customer authorizes Company to discuss scope of work and pricing with Customer's insurers and adjusters. Customer approves Company as the Customer's power of attorney to inspect and adjust the loss, and to collect and receive all insurance payments related to Company's Work.
- D. All direct costs, overhead and profit allowed by Customer's insurer, and any supplements approved by Customer's insurer for additional work, upgrades, options or cost increases are to be paid to Company. Company reserves the right to request and receive additional payments from Customer's insurer due to material or labor increases, storm environment, or if measurements and/or other information provided by Customer or Customer's insurer are incorrect.
- E. Company may cancel this Agreement if Company and Customer's insurer are unable to agree on the scope of work and price for work covered under Customer's insurance policy.

INSURANCE COMPANY

POLICY#

CLAIM # (IF KNOWN)

I/we agree to the terms and conditions of this Agreement, including all terms and conditions on the reverse side.

CUSTOMER SIGNATURE

DATE

CUSTOMER SIGNATURE

DATE

PRINT SALES REPRESENTATIVE NAME AND PHONE NUMBER

SALES REPRESENTATIVE SIGNATURE

DATE



PERMSIG-01

KDEVORE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/30/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Capital Partners Insurance
298 S Nova Road, Suite F
Ormond Beach, FL 32174

CONTACT NAME:
PHONE (A/C, No, Ext): (386) 672-2827 **FAX (A/C, No):** (386) 672-5156
E-MAIL ADDRESS: info@capitalpartnersinsurance.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Ategrity Specialty Insurance

16427

INSURED

Permacraft Sign Company AKA Parrillo Inc.
1644 S Ridgewood Ave
South Daytona, FL 32119

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			01CPKP200560700	5/25/2022	5/25/2023	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/>						BODILY INJURY (Per person) \$
	HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nh) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 345 Beville Rd, Daytona Beach FL 32119

CERTIFICATE HOLDER

CANCELLATION

For Informational Purposes

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE